

DATE: 09/30/2001

REPLACES: 09/13/99

ISSUING OFFICE: DAPE, OAMP, OA 496-6014

NATIONAL INSTITUTES OF HEALTH CONTRACTOR PERFORMANCE REPORT

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1. FINAL REPORT \_\_\_\_\_ INTERIM REPORT \_\_\_\_\_ (*Check one*)

2. REPORTING PERIOD: (*From*) \_\_\_\_\_ (*To*) \_\_\_\_\_

3. CONTRACTING OFFICER:  
(*Institute or Office; Location*): \_\_\_\_\_

4. CONTRACT NUMBER: \_\_\_\_\_

5. CONTRACTOR NAME: \_\_\_\_\_  
DEPARTMENT/COMPONENT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

6. CONTRACT AWARD DATE: \_\_\_\_\_  
CONTRACT EXPIRATION DATE: \_\_\_\_\_

7. CONTRACT VALUE: \$ \_\_\_\_\_

8. DESCRIPTION OF REQUIREMENT (*Title*): \_\_\_\_\_

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9. RATINGS

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Circle the number that corresponds to the rating for each category (*see attached Rating Guidelines*), and provide comments to support the rating.

QUALITY OF PRODUCT OR SERVICE                      Rating 0 1 2 3 4 5  
Comments: \_\_\_\_\_

COST CONTROL<sup>1</sup>    Rating 0 1 2 3 4 5  
Comments: \_\_\_\_\_

TIMELINESS OF PERFORMANCE                      Rating 0 1 2 3 4 5

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<sup>1</sup> Not applicable to fixed-price type contracts.

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Comments:

BUSINESS RELATIONS

Rating 0 1 2 3 4 5

Comments:

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10.

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SUBCONTRACTS

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Are subcontracts involved? Yes No (Circle one)

Comments: *[Briefly summarize the quality of performance of major subcontractors. This information serves two purposes: (1) it provides some insight into the contractor's effectiveness in managing its subcontractors; and (2) it provides information that may be useful for future procurements when evaluating the past performance of offerors that have only performed as subcontractors.]*

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11.

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KEY PERSONNEL

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PROJECT MANAGER/PRINCIPAL INVESTIGATOR (name):

Comments:

KEY PERSON (name):

Comments:

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KEY PERSON (*name*):  
Comments:

KEY PERSON (*name*):  
Comments:

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SMALL BUSINESS SUBCONTRACTING PLAN

12.

Did the contractor meet the goals set forth in its Subcontracting Plan?  
(See FAR 15.305(a)(2)(v) and FAR 19.7)

Yes    No    N/A    (*Circle one*)

Comments: (optional) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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SMALL DISADVANTAGED BUSINESS GOALS

13.

Did the contractor meet its small disadvantaged business participation goals?  
(See FAR 15.305(a)(2)(v) and FAR 19.1202)

Yes    No    N/A    (*Circle one*)

Comments: (optional) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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CUSTOMER SATISFACTION

14.

Is/was the contractor committed to customer satisfaction?

Yes No (Circle one)

Would you recommend selection of this firm again?

Yes No (Circle one)

15. NIH PROJECT OFFICER (name):

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Internet Address: \_\_\_\_\_

16. CONTRACTING OFFICER CONCURRENCE: (Initial) \_\_\_\_\_

Date: \_\_\_\_\_

17. CONTRACTOR'S REVIEW:

Were comments or additional information provided?

Yes No (Circle one)

If yes, they are:

On file in:

\_\_\_\_\_

(Location)

\_\_\_\_\_

(Phone)

Attached: \_\_\_\_\_ (Check if attached)

CONTRACTOR'S REPRESENTATIVE: (name)

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Internet Address: \_\_\_\_\_

18. AGENCY REVIEW:

Were contractor comments reviewed at a level above the contracting officer? Yes No (Circle one)

If yes, Agency Decision is:

On file in:

\_\_\_\_\_

(Location)

\_\_\_\_\_

(Phone)

Attached: \_\_\_\_\_ (Check if attached)

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19. SUMMARY RATINGS:

QUALITY:\_\_\_\_\_ COST CONTROL:\_\_\_\_\_

TIMELINESS OF  
PERFORMANCE:\_\_\_\_\_ BUSINESS RELATIONS: \_\_\_\_\_

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20. CONTRACTING OFFICER (*name*):

SIGNATURE:\_\_\_\_\_ Date\_\_\_\_\_

Phone:\_\_\_\_\_ FAX:\_\_\_\_\_

Internet Address:\_\_\_\_\_

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## NATIONAL INSTITUTES OF HEALTH CONTRACTOR PERFORMANCE REPORT

## RATING GUIDELINES

	QUALITY OF PRODUCT OR SERVICE	COST CONTROL	TIMELINESS OF PERFORMANCE	BUSINESS RELATIONS
	<ul style="list-style-type: none"> <li>- Compliance with contract requirements</li> <li>- Accuracy of reports</li> <li>- Effectiveness of personnel</li> <li>- Technical excellence</li> </ul>	<ul style="list-style-type: none"> <li>- Record of forecasting and controlling target costs</li> <li>- Current, accurate and complete billings</li> <li>- Relationship of negotiated costs to actuals</li> <li>- Cost efficiencies</li> </ul>	<ul style="list-style-type: none"> <li>- Met interim milestones</li> <li>- Reliability</li> <li>- Responsive to technical direction</li> <li>- Completed on time, including wrap-up and contract administration</li> <li>- Met delivery schedules</li> <li>- No liquidated damages assessed</li> </ul>	<ul style="list-style-type: none"> <li>- Effective management, including subcontracts</li> <li>- Reasonable/cooperative behavior</li> <li>- Responsive to contract requirements</li> <li>- Notification of problems</li> <li>- Flexibility</li> <li>- Pro-active vs reactive</li> </ul>
0-Unsatisfactory	Contractor is not in compliance and is jeopardizing achievement of contract objectives	Contractor is unable to manage costs effectively	Contractor delays are jeopardizing performance of contract objectives	Response to inquiries, technical/service/administrative issues is not effective
1-Poor	Major problems have been encountered	Contractor is having major difficulty in managing costs effectively	Contractor is having major difficulty meeting milestones and delivery schedules	Response to inquiries, technical/service/administrative issues is marginally effective
2-Fair	Some problems have been encountered	Contractor is having some problems in managing costs effectively	Contractor is having some problems meeting milestones and delivery schedule	Response to inquiries, technical/service/administrative issues is somewhat effective
3-Good	Minor inefficiencies/errors have been identified	Contractor is usually effective in managing costs	Contractor is usually effective in meeting milestones and delivery schedule	Response to inquiries, technical/service/administrative issues is usually effective
4-Excellent	Contractor is in compliance with contract requirements and/or delivers quality products/services	Contractor is effective in managing costs and submits current, accurate, and complete billings	Contractor is effective in meeting milestones and delivery schedule	Response to inquiries, technical/service/administrative issues is effective.
5 - Outstanding	The contractor has demonstrated an outstanding performance level in any of the above four categories that justifies adding a point to the score. It is expected that this rating will be used in those rare circumstances when contractor performance clearly exceeds the performance levels described as "Excellent."			

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Block 1: Check the appropriate Block to indicate the type of report. The final evaluation of the contractor's performance will satisfy the reporting requirement stipulated in HHSAR 342.7002(c)(2)(iv).

Block 2: Indicate the period covered by the report.

Block 3: List the name of the contracting officer. Identify the contracting officer's Institute/Center or Office and the location of the contracting office.

Block 4: Identify the contract number of the contract being evaluated.

Block 5: List the name and address of the contractor. Identify the specific division or department being evaluated.

Block 6: Indicate the contract award date and contract expiration date.

Block 7: State the contract value.

Block 8: Provide a brief description of the work being performed under the contract.

Block 9: Using the rating guidelines set forth on page 5, assign each area a rating of 0 (unsatisfactory), 1 (poor), 2 (fair), 3 (good), 4 (excellent), or 5 (outstanding). Provide a brief narrative for each of the categories to support the rating assigned.

Block 10: Indicate whether subcontracts were involved. Briefly summarize the performance of any subcontractors that have major responsibilities under the contract or are required to perform a significant part of the contract requirement.

Block 11: List the name of the principal investigator and the names of other key personnel. Briefly describe the performance of the personnel listed.

Block 12: Circle the appropriate answer to indicate whether the contractor was successful in meeting the goals set forth in their subcontracting plan.

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Block 13: Circle the appropriate answer to indicate whether the contractor met its small disadvantaged business participation goals?

Block 14: Circle the appropriate answer to indicate whether the contractor was committed to customer satisfaction. For the final report, indicate whether you would recommend selection of the firm again.

Block 15: The project officer signs in this Block.

Block 16: The contracting officer initials in this Block, indicating concurrence with the initial ratings and evaluation.

Block 17: Indicate whether the contractor submitted comments or a rebuttal. Attach a copy of the contractor's response to this report, or indicate its location, if filed separately.

The contractor signs Block 17, indicating review of the evaluation.

Block 18: If the contracting officer and the contractor are unable to agree on a final rating, the matter is to be referred to an individual one level above the contracting officer. Attach a copy of the agency's decision to this report, or indicate its location, if filed separately.

Block 19: Record the ratings from Block 9.

Block 20: The contracting officer signs the report when all actions are completed. If changes were made to the ratings or the narrative during the rebuttal process, a copy of the report, as revised, shall be promptly furnished to the contractor.